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VISION

The vision of the journals is to provide an academic platform to scholars all over the world to publish their novel, original, empirical and high quality research work. It propose to encourage research relating to latest trends and practices in international business, finance, banking, service marketing, human resource management, corporate governance, social responsibility and emerging paradigms in allied areas of management including social sciences , education and information & technology. It intends to reach the researcher's with plethora of knowledge to generate a pool of research content and propose problem solving models to address the current and emerging issues at the national and international level. Further, it aims to share and disseminate the empirical research findings with academia, industry, policy makers, and consultants with an approach to incorporate the research recommendations for the benefit of one and all.

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FEATURES OF THE ORGANIZATION OF FAMILY PSYCHOLOGICAL CORRECTION IN CHILDREN WITH DISABILITIES BEHAVIORAL DISORDERS

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ABSTRACT

On the basis of practical activities in psychodiagnostic, psychocorrectional and psychoprophylactic directions, positive and negative changes in the behavior of each student were identified, such as positive and low intelligence, dominance, restraint, sympathy, trust, calmness, independence, conformity, indecision, rudeness, suspicion, anxiety, subjectivity.

KEYWORDS: *Adaptation, Self-Acceptance, Acceptance Of Others, Emotional Comfort, Internality, Desire For Dominance, Socio-Psychological Factors, Family.*

INTRODUCTION

In the world of psychology, research is conducted to study changes in children's behavior in terms of age, socio-psychological factors, family, and parental relationships. In particular, in the current era of globalization, special attention is paid to the scientific and theoretical justification of the socialization of each age group, the psychology of primary school children, various changes in character, crisis situations, leading motives.

In the world of psychology, there are two approaches to the psychological correction of the child's mental development: psychodynamic and behavioral. The main task of correction in the framework of the psychodynamic approach is to create conditions that remove external social barriers to the development of intrapsychic conflict.

In our country, much attention is paid to "psychological monitoring of personal, mental and social development of students of different ages, identification of psychological defects in learning, prevention of any negative deviations in their mental development and correction of

students 'inability to adapt to the social environment of an educational institution, research is conducted in the field of organization and implementation of rehabilitation measures" . "Today, the most pressing issue on the agenda is the education of our young generation, our children. We must never forget one fact: a parent, a child left out of the public eye, brings only anxiety to the family, not joy and benefit. Therefore, raising children and working with young people should remain the most important and urgent task for us. "In this regard, it is necessary to further deepen the study of the behavior of children of primary school age, the study of socio-psychological factors that cause changes.

The problem of family psychological correction is of particular importance due to the fact that the personality in the family is aimed at eliminating the unhealthy socio-psychological environment in the system of relations.

Analysis: Our main goal is to make a certain level of socio-psychological conclusions by comparing children of two different categories ("n1" and "n2") of the same age. In this context, we sought to assess personality traits in accordance with the Kettell criteria in a group of conditionally acceptable children of healthy (n1) type, and through this assessment to develop a certain level of practical recommendations.

It is well known that the capabilities of the Kettel method and analytical developments on each of the 16 factors in it are available in many scientific literature. Therefore, in the course of this analysis, we found it necessary to interpret the methodology by combining data reflecting empirical results on these factors into 3 generally accepted components, without focusing on each of the 16 factors.

The following criteria are presented below:

I. Factors that characterize the emotional-volitional components: C; F; G; I; Q; Q3; Q4;

II. Communicative factors that express the components: A; H; E; N; L;

III. Cognitive factors expressing components: B; M; Q1; Q2.

Therefore, the main task of selecting these criteria is to provide a comparative assessment of the behavior of primary school students, based on these components by separating the personal components formed in the personality of healthy (n1) and unhealthy (n2) children. Also, using these assessments, an attempt was made to formulate certain assumptions about the strengths and weaknesses characteristic of this category of children. (table-1; figure-1)

TABLE-1 COMPARATIVE-TYPICAL INDICATORS OF THE MANIFESTATION OF PERSONALITY COMPONENTS IN PRIMARY SCHOOL STUDENTS

Components									
Criteria object	Emotional and strong-willed		Communicatio n		Cognitive		Total		
	a	б	A	б	a	б	a	Б	T
n₁=58	26	32	33	25	30	28	30	28	p<0,01
%	44,8	55,2	56,9	43,1	51,7	48,3	51,7	48,3	p<0,03
n₂=55	17	38	18	37	27	28	21	34	

%	31,9	69,1	32,7	67,3	49,1	50,9	38,2	61,9	p<0,05
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As can be seen from the table and figure above, in the healthy group of children ($n_1 = 58$), as well as in the unhealthy group of children ($n_2 = 55$), the scale of indicators differs in that they are manifested at different levels. This suggests that there is a tendency to study each child or group individually and respond to it on that basis.

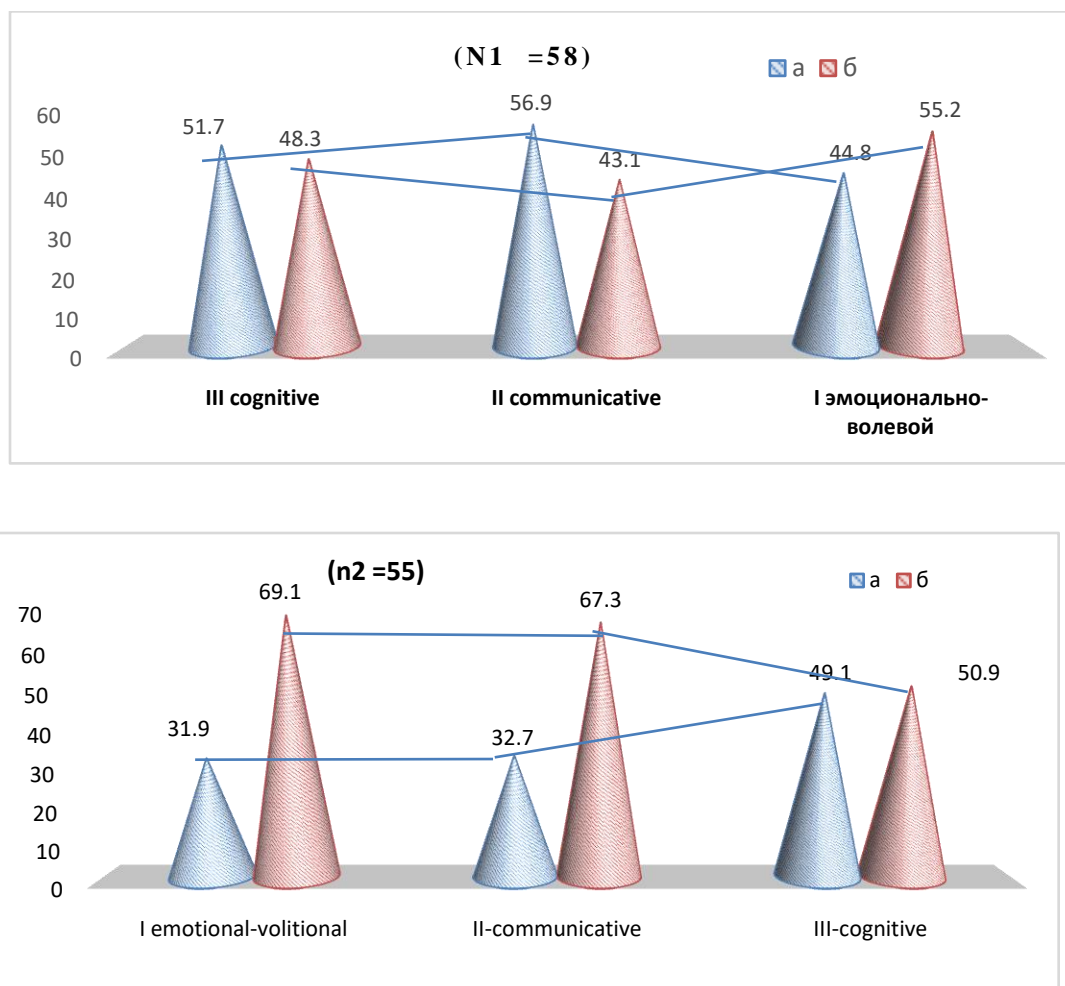


Figure-1 Comparative and typical indicators of the manifestation of personality components in primary school students

In particular, the manifestation of factors of the emotional-volitional component ("C"; "F"; "G"; "I"; "Q"; "Q3"; "Q4") indicates that in the group $n_1 = 58$, this indicator reaches 32 people, that is, 55.8% compared to indicators of a certain degree of adequacy ("a"), that is, 44.8% compared to inadequate ("b"). At the moment, it became known that the scale of these indicators is in the group of 17 people, (30.9%) adequate and 38 (69.1%) "inadequate" indicators in the group of unhealthy children ($n_2 = 55$). That is, in a healthy group of children (n_1), in more cases than in an unhealthy group of children (n_2), emotional stability, mental overstrain, responsibility, perseverance, a little calm, self-control are "indicators of adequacy" (that is, if these qualities are manifested above average) of highly active qualities. And in the group of unhealthy children

($n_2=55$), we see that the indicators of non-compliance with these qualities (criterion "b") are more pronounced (Table.1), which indicates an even greater social need to organize more correctional work in the emotional and volitional sphere with children in whom certain behavioral disorders are observed.

In the manifestation of the factors ("A"; "H"; "E"; "N"; "L") communicativeness" selected as the second component by the Kettell method, we see a certain degree of discrepancy in the members of both groups (" n_1 " and " n_2 ").

In particular, in the group of healthy children ($n_1 = 58$), "a" -the norm of adequacy indicators are 33 people (56.9%), the result of which is associated with personal relationships in healthy children, "initiative"-A; perseverance-H; leadership-e; diplomacy-H; self-confidence-J is another confirmation of the relatively high severity, and in unhealthy children it can be observed that the indicators of this factor are manifested at a relatively low level. More precisely, the scale of adequate indicators of communication (criterion b) was only 18 (22.7%) in the group of unhealthy children ($n_2 = 55$). Non-communicative indicators were recorded in 37 children (67.3%).

The next stage of our research is the methodology of socio-psychological adaptation (k.Rogers, R. Diamond), the analysis of which is devoted to the results obtained on its basis.

These experiments mainly involved students of primary school age (58 people). Of these, 30 are boys and 28 are girls. The average age of the subjects was 10-11 years. The selected group included children with learning and behavioral difficulties. Most students are from single-parent families. The parents of many of them do not have a permanent job. Most children fall into the so-called "dangerous group". In most cases, these children tend to develop personality disorders. It is distinguished by the fact that most students have a relatively pedagogical and social backwardness.

Thus, the manifestations of primary behavioral disorders in the respondents were analyzed on the basis of indicators of adequacy ("a") of the level of socio-psychological adaptation and inadequacy ("b") of the level of socio-psychological adaptation.

When processing the results of the survey of social and psychological adaptation (k.Rogers, R. Diamond) obtained data confirming the presence of signs of maladaptation in students of the study groups.

In particular, the average total scale of indicators associated with the manifestation of adaptation factors ($n_1=58$) is to some extent adequate ("a") for 40 students, that is, 69.0%, compared with the sum of inadequate ("b") indicators, that is, 18 students, who make up 31.0%. It was found that the scale of these indicators in the group of unhealthy children ($n_2=55$) is in the range of 27 (49.1%) adequate and 28 (50.9%) "inadequate". That is, in the group of healthy children (n_1) adaptation was higher than in the group of unhealthy children (n_2), and in the group of unhealthy children ($n_2=55$) there was a high degree of adaptation (that is, these qualities are above average) indicators (criterion "b") — more pronounced, which indicates an increasing social need to organize more corrective work in the field of adaptation with children with certain behavioral disorders.

According to the self-acceptance indicator, the healthy group ($n_1=58$) consisted of 39 members, that is, 67.2%, compared with adequate ("a") indicators, and 19 members compared with

inadequate ("b") indicators, that is, 32.8%, while the scale of these indicators was 21 students in the group of unhealthy children ($n_2=55$) compared with adequate ("a"), that is, 38.2%, which is inadequate ("b") and 34.8 students, or 61.8%.

According to the indicator of acceptance of others, the number of members of the healthy group ($n_1=58$) was 36 students compared to adequate ("a"), that is, 62.1%, and 22 students compared to the number of inadequate ("b") indicators, that is, 37 students is 9%, while the scale of these indicators in the group of unhealthy children ($n_2=55$) is 20 people, that is, 36.4%, compared to adequate ("a"), which is inadequate ("b") and 35.6 students or is 63.6% and of course, this separates it.

The results of the measure of emotional comfort in the group of healthy children ($n_1=58$) 39% from adequate ("a"), that is, is 67.2 per cent, and 19 students compared to the number of inappropriate ("b"), that is, at the same time, the scale of these indicators amounted to 17.9 students that is, is 30.9 percent, compared with adequate ("a") indicators in the group of unhealthy children ($n_2=55$) inadequate (b) 38 students, or 69.1% of the total number.

The results of the internality index (the level of subjective control) show that in the group of healthy children ($n_1=58$), there were 30 students compared to the indicators of adequate ("a"), that is, 51.7%, and 28 students compared to the number of inadequate ("b") indicators, that is, 48 students. At the same time, in the group of unhealthy children ($n_2=55$), the number of indicators reached 33% compared to adequate ("a"), that is, 60.0%, which is inadequate ("b") compared to 22 students, or 40.0%.

The result in terms of the desire to dominate in the group of healthy children ($n_1=58$) were 40 students in comparison with indicators adequate ("a"), that is 69.0 per cent, and the figure was 18 students compared to the number of inappropriate ("b") indices, i.e. at the same time in the unhealthy group of children ($n_2=55$) data rate criterion, amounted to 42,0 students i.e. 76.4% compared with adequate ("a") measure that is inadequate ("b") and 13.6 students, or 25.6 percent.

Evaluating the average overall results for the 6 identified indicators, we can see that 63.8% of the 58 healthy children tested showed "adequacy" and 36.2% "inadequacy". At the same time, we see that 49.1% of the 55 unhealthy children tested tend to show "adequacy", and 50.9% have an average overall "inadequacy" (Table 2).

Comparative analysis of the results obtained by the method of socio-psychological adaptation

№	Criteria	$n_1 = 58$			$n_2 = 55$		Total $n_1 + n_2 = 113$	
			n	%	n	%	N	%
1	Adaptation	A	40	69,0	27	49,1	67	59,3
		B	18	31,0	28	50,9	46	40,7
2	Self-acceptance	A	39	67,2	21	38,2	60	53,1
		B	19	32,8	34	61,8	53	46,9
3	The adoption of other	A	36	62,1	20	36,4	56	49,5
		B	22	37,9	35	63,6	57	60,5

4	Emotional comfort	A	39	67,2	17	30,9	56	49,5
		B	19	32,8	38	69,1	57	50,5
5	Internality	A	30	51,7	33	60,0	63	55,7
		B	28	48,3	22	40,0	50	44,3
6	Striving dominance for	A	40	69,0	42	76,4	82	72,5
		B	18	31,0	13	25,6	31	27,5
Total (the average)		A	37	63,8	27	49,1	64	56,6
		B	21	36,2	28	50,9	49	43,4

Based on the general conclusion of the results of this correlation analysis presented above, it can be said that such methods of parental relations as social approval and symbiosis lead to an increase in the flexibility of children with behavioral disorders, a decrease in the level of stability and dominance, allowing more rational and constructive behavior in frustrating situations, as well as behavior control. And the manifestation by parents of the features of emotional rejection and authoritarian hypersocialization to one degree or another negatively affects the process of mental adaptation in children. And this requires a certain level of social and psychological dialogue and training with the parents of children who have behavioral disorders.

According to the analysis, after applying a certain level of psychocorrection program, a number of positive results were noted in eliminating family problems in most parents, such actions as the desire to show sympathy for the child, a warm emotional attitude were revealed.

The results of family psychocorrection conducted with children and their parents in experimental institutions showed that the understanding and acceptance of their children by parents in general, respect for individual psychological capabilities in it, the ability to allocate their time to children, support their interests and aspirations, led to a decrease in "small bad luck" to the study of symbiosis of relationships. As a result, parents form a sense of understanding of the child, the correct perception of his behavior. Parents should be companions to their children in correcting shortcomings, and instill a sense of confidence in their child. This is of vital importance because the individual in the immediate family serves to ensure that the relationship is manifested on the basis of certain socio-psychological requirements.

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